Revised 06/08

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12TH, SUITE 1A DES MOINES, IA 50319

Fax: (515)281-4073 www.iowa.gov/ethics



lowa Code section 8.7 requires all gifts and bequests given to any department of the state of lowa or received by the Governor on behalf of the state be reported to the lowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest,

FORM-GB		
Gift or Bequest information received by a department or accepted by the		
Governor on behalf of the state		

•••••	24.14.1 01 010 01010
For	office use only
Indexed	
Audited	
Checked	
Computer	

Public Safety		
Name of Department or Office 215 E. 7th Street Das	14.	
Mailing Address Cib	Das Moines, IA 50319 City, State, Zip Code	
513-725-6182 Area Code & Telephone No.	y	
· · · · · · · · · · · · · · · · · · ·		
ONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE		
Jeanie Flattery		
Name		
Mailing Address (if different from above)	City, Stale, Zip (If different from above)	
flattery@dps.state.ia.us Ernall Address		
Ethan 7001638	Area Code & Telephone Number (If different from above)	
ONOR OF GIFT OR BEQUEST:		
Jours Illipais Safahy Causail		
Iowa Illinois Safety Council		
1501 42nd Street, Ste. 100 West Des Moines, IA 50266		
Mailing Address City, State, Zip Code	June 21, 2019 \$3,000.00	
515-276-4724		
Area Code & Telephone Number	Date of Gift or Bequest Amount/Value*	
,	value is defined as "fair market value" of item as determined by	
Email Address (optional)	receiving department or office. If no value mark "0,00",	
Provide a description of the gift or bequest and purpose thereof:		
Monetary gift to defray expenses for Iowa State Pa	atrol Public Resource Officers to attend the	
Uniformed Safety Education Officer's Workshop.		
	THE RESIDENCE OF THE PROPERTY	
Criteria to use this form:		
Receipt of any gift or bequest that is received by any department of the sta	te or received by the Governor on behalf of the state.	
atement of Affirmation:		
leanie Flattery		
essment of the fair market value (if applicable) is correct and true to the be	s accurate. I further affirm that the information concerning the donor a st of my knowledge.	
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Geanie Flattery Signature	June 26, 2019	
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